



MISSOURI DEPARTMENT OF REVENUE  
TAX ADMINISTRATION BUREAU — CIGARETTE TAX  
P.O. BOX 811, JEFFERSON CITY, MO 65105-0811  
(573) 751-7163 TDD 1-800-735-2966  
**CIGARETTE/OTHER TOBACCO PRODUCTS  
TAX LICENSE APPLICATION**

FORM  
**2175**  
(REV. 9-97)

**FOR OFFICE USE ONLY**

LICENSE NUMBER

DATE ISSUED

CHECK NUMBER

**\$100.00 FEE IS REQUIRED WITH APPLICATION (MAKE CHECK PAYABLE TO THE "DEPARTMENT OF REVENUE").**

TYPE OF APPLICATION:

- ☐ NEW LICENSE  
☐ RENEWAL

REGISTERING FOR:

- ☐ CIGARETTE WHOLESALE'S LICENSE ☐ OTHER TOBACCO PRODUCTS LICENSE ☐ BOTH

DATE BUSINESS OPENED \_\_\_\_\_

**TYPE OF OWNERSHIP**

- ☐ SOLE PROPRIETORSHIP ☐ MISSOURI CORPORATION MISSOURI CHARTER NUMBER \_\_\_\_\_  
☐ PARTNERSHIP ☐ FOREIGN CORPORATION CERTIFICATE OF AUTHORITY NUMBER \_\_\_\_\_  
☐ LIMITED LIABILITY CO. ☐ LIMITED PARTNERSHIP LIMITED PARTNERSHIP NUMBER \_\_\_\_\_  
☐ OTHER \_\_\_\_\_

**OUT-OF-STATE APPLICANTS MUST SUBMIT A COPY OF THE COMPANY'S CERTIFICATE OF GOOD STANDING AND A COPY OF THE CIGARETTE WHOLESALE AND/OR OTHER TOBACCO PRODUCTS LICENSE FOR THE COMPANY'S HOME STATE.**

**BUSINESS NAME AND PHYSICAL LOCATION**

The license will be issued to this address. Inventory must be kept at this address and cigarettes stamped here. We will only ship decals to this address.

COMPANY NAME			MITS NUMBER		
DOING BUSINESS AS			FEIN		
STREET			TELEPHONE NUMBER ( )		
CITY	STATE	ZIP CODE	FAX NUMBER ( )		
NAME OF CONTACT PERSON FOR COMPANY		TELEPHONE NUMBER ( )	TITLE		

**BUSINESS MAILING ADDRESS**

STREET, ROUTE OR PO BOX NUMBER		CITY	STREET, HIGHWAY, COMMUNITY		CITY
STATE	ZIP CODE	COUNTY	STATE	ZIP CODE	COUNTY

**RECORD STORAGE ADDRESS (DO NOT USE PO BOX NUMBER)**

**BUSINESS ACTIVITIES (DESCRIBE ACTIVITY AND CHECK ALL BOXES THAT APPLY TO YOUR BUSINESS.)**

- ☐ RETAIL \_\_\_\_\_% ☐ WHOLESALE \_\_\_\_\_% ☐ MANUFACTURER \_\_\_\_\_% ☐ OTHER \_\_\_\_\_%

DESCRIBE THE PRIMARY BUSINESS ACTIVITY: \_\_\_\_\_  
\_\_\_\_\_

- ☐ PURCHASE ALL PRODUCTS (UNSTAMPED CIGARETTES AND/OR OTHER TOBACCO PRODUCTS) DIRECT FROM THE MANUFACTURER. ATTACH LIST OF MANUFACTURERS, INCLUDING NAMES, COMPLETE ADDRESSES AND TELEPHONE NUMBERS.
- ☐ PURCHASE OTHER TOBACCO PRODUCTS FROM SUPPLIERS THAT ARE NOT MISSOURI LICENSED WHOLESALE'S. ATTACH LIST OF SUPPLIERS, INCLUDING NAMES, COMPLETE ADDRESSES AND TELEPHONE NUMBERS.
- ☐ OPERATE RETAIL STORES WHERE CIGARETTES AND/OR OTHER TOBACCO PRODUCTS ARE SOLD. ATTACH LIST OF LOCATIONS, INCLUDING TAX NUMBER OF EACH LOCATION.
- ☐ OWN, OPERATE AND/OR SERVICE CIGARETTE VENDING MACHINES AND/OR HUMIDORS. ATTACH LIST SHOWING NAME AND ADDRESS OF EACH LOCATION.
- ☐ BUY AND/OR SELL TOBACCO PRODUCTS ON THE INTERNET.
- ☐ BUY AND/OR SELL TOBACCO PRODUCTS BY TELEPHONE SALES.
- ☐ BUY AND/OR SELL TOBACCO PRODUCTS BY CATALOG SALES. PLEASE ATTACH A COPY OF YOUR CATALOG.
- ☐ PLACE OTHER TOBACCO PRODUCTS IN RETAIL LOCATIONS ON CONSIGNMENT. ATTACH LIST SHOWING NAME AND ADDRESS OF EACH LOCATION AND A SAMPLE COPY OF CONTRACT BETWEEN YOU AND THE RETAILER.

**PREVIOUS OWNER INFORMATION**

NAME OF PREVIOUS OWNER					
NAME OF PREVIOUS BUSINESS		PREVIOUS LICENSE NUMBER		DATE BUSINESS CLOSED	
PREVIOUS BUSINESS ADDRESS		CITY	STATE	ZIP CODE	COUNTY

**IDENTIFY OWNERS, OFFICERS, PARTNERS, MEMBERS (ATTACH LIST IF ADDITIONAL SPACE IS REQUIRED.)**

NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY		EFFECTIVE DATE OF TITLE	
NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY		EFFECTIVE DATE OF TITLE	
NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY		EFFECTIVE DATE OF TITLE	
NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		SOCIAL SECURITY NO.		BIRTHDATE	
HOME ADDRESS	CITY	STATE	ZIP CODE	COUNTY		EFFECTIVE DATE OF TITLE	

**ALL CIGARETTE TAX APPLICANTS MUST COMPLETE THIS SECTION**

**NEW CIGARETTE WHOLESALE APPLICANTS MUST ATTACH LETTERS OF RECOMMENDATION FROM FOUR OF THE FIVE LEADING MANUFACTURERS, I.E., BROWN & WILLIAMSON, LIGGETT & MYERS, LORILLARD, PHILIP MORRIS AND R.J. REYNOLDS.**

If you stamp cigarettes for other states, list the name of the states and the cigarette wholesaler license number for each state.

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LIST THE TYPES OF STAMPING MACHINES YOU WILL USE:

CHECK THE APPROPRIATE BOX AS TO HOW YOU WISH TO PURCHASE DECALS:

☐ CASH BASIS    ☐ CREDIT BASIS \*    ☐ CASH AND CREDIT BASIS \*

\* MUST POST BOND FOR AMOUNT OF CREDIT DESIRED (CONTACT OUR OFFICE AT 573-751-7163 FOR FORMS AND INSTRUCTIONS.)

**ALL APPLICANTS MUST SIGN AND DATE THE APPLICATION**

I DECLARE THAT THE ABOVE INFORMATION AND ANY ATTACHMENTS IS TRUE, COMPLETE AND CORRECT. THE APPLICATION MUST BE SIGNED BY THE OWNER, IF THE BUSINESS IS A SOLE PROPRIETORSHIP; BY A PARTNER, IF THE BUSINESS IS A PARTNERSHIP; OR BY A REPORTED OFFICER, IF THE BUSINESS IS A CORPORATION. THE SIGNATURE **MUST** BE OF THE OWNER, PARTNER, OR OFFICER AS REPORTED ON THIS APPLICATION.

SIGNATURE	TITLE	DATE
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PLEASE TYPE OR PRINT NAME

**GENERAL INSTRUCTIONS**

1. Cigarette wholesalers must complete the entire application. New applicants must attach letters of recommendation from four of the five leading manufacturers. Attach all back-up documentation required for application.
2. Applicants for other tobacco products license, who are not applying for a cigarette wholesaler's license, are required to maintain a bond in the amount of three times the average tax liability, estimated in the case of a new applicant. There is a \$500.00 minimum. Call (573) 751-5772 to request bond forms and/or additional information.
3. Applicants applying for both cigarette and other tobacco products licenses are only required to submit one (\$100.00) license fee.

**Mail the original application, bond form and all required documentation to: Tax Administration Bureau, PO Box 811, Jefferson City, Missouri 65105-0811. Retain a copy for your records.**